

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000006725

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** AMERICAN BOARD OF COSMETOLOGY, INC.

**Current Principal Place of Business:**

2804 45TH STREET SOUTH  
GULFPORT, FL 33711

**New Principal Place of Business:**

**Current Mailing Address:**

6746 NINTH AVENUE NORTH  
SAINT PETERSBURG, FL 33710

**New Mailing Address:**

2804 45TH STREET SOUTH  
GULFPORT, FL 33711

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAMES C. RUNYON, ESQUIRE  
954 FIRST AVENUE NORTH  
ST. PETERSBURG,, FL 33705 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HICKS, KAREN L  
Address: 2804 45TH STREET SOUTH  
City-St-Zip: GULFPORT, FL 33711

Title: VP  
Name: JASTER, ANASTASIA C  
Address: 6746 NINTH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: ST  
Name: SCHRIEBER, CHER  
Address: 6746 NINTH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN L HICKS

P

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date